

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571,983

FILING DATE

3/15/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		2				
6		2				
7		2				
8		2				
9		2				
10		1				
11	1					
12		1				
13		2				
14		2				
15		2				
16		2				
17			1			
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28			1			
29				1		
30				2		
31				2		
32				2		
33				2		
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41				2		
42				2		
43				2		
44				2		
45				2		
46				2		
47				2		
48				2		
49				2		
50				2		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	20	←	29	←		←
TOTAL CLAIMS	22		31			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						